

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4418

FILED MAR 9 1955

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 12

3610

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO</b>		b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Sullivan Meramec</b>		c. LENGTH OF STAY (in the place) <b>3 1/2 Mo</b>		c. CITY OR TOWN <b>Steeleville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Northside Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. STREET ADDRESS (If rural, give location) <b>0280</b>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Milt</b>	b. (Middle) <b>James</b>	c. (Last) <b>Almo</b>	(Month) <b>2</b>	(Day) <b>23</b>	(Year) <b>1955</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-12-1875</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 1 YEAR Days <b>11</b>	IF UNDER 4 HRS. Hours <b></b>	Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dent County Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>George Almo</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Hedrick Almo</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ida Almo</b>	ADDRESS <b>Sullivan Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Calcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Prostate</b>			<b>3 yrs.</b>
	DUE TO (c) <b>General arteriosclerosis</b>			<b>4 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>177 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from Jan, 1950, to Feb 23, 1955, that I last saw the deceased alive on 2/22, 1955 and that death occurred at 9:20 AM, from the causes and on the date, stated above.

23a. SIGNATURE (Degree or title) <b>John J. Detamore M.D.</b>	23b. ADDRESS <b>Sullivan Mo</b>	23c. DATE SIGNED <b>2/24/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-25-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F Cemetery</b>	24d. LOCATION (City, town, or county) <b>Sullivan Mo</b> (State) _____
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DATE REC'D BY LOCAL REG. <b>2/24/55</b>	REGISTRAR'S SIGNATURE <b>Thomas A. Humphrey</b>	496	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thor P. Shaffer</b>	ADDRESS <b>Sullivan Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

